

Amended MDR Tracking Number: M4-03-8595-01 (**Previously M4-03-1391-01**)

This amended Findings AND Decision supercedes all previous decisions rendered in this medical payment dispute involving the above Requestor and Respondent.

The Medical Review's decision of June 13, 2003 was appealed and subsequently withdrawn by an order of the Medical Review Division dated July 15, 2003.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/28/02.

In the withdrawn Decision and Order there was a misconception of the existence of the -75 modifier. This file will be reviewed using the CPT code 97799-CP-75 as submitted by the Requestor.

## **I. DISPUTE**

Whether there should be **additional** reimbursement for of \$10,160.80 for Chronic Pain Management for dates of service 4/04/02 through 5/16/02. The Respondent denied additional reimbursement as "M –REIMBURSED PER THE INSURANCE CARRIER/S FAIR AND REASONABLE ALLOWANCE. DUPP M – THE BILLED SERVICE/PROCEDURE HAS BEEN PREVIOUSLY REIMBURSED BASED ON AN EARLIER SUBMISSION. DUPT – REIMBURSEMENT WAS PREVIOUSLY MADE FOR SERVICES RENDERED TO THIS INJURED WORKER ON THIS DATE OF SERVICE."

## **II. RATIONALE**

**Dates of Service 4/04/02, 4/05/02, 4/08/02, 4/09/02, 4/10/02, 4/12/02, 4/15/02, 4/16/02, 4/18/02, 5/06/02, 5/09/02, 5/10/02, 5/13/02, 5/14/02, 5/15/02, 5/16/02; CPT code 97799-CP-75 Denied "M"**

Texas Labor Code 408.027 (c), Commission Rule 133.304 (i) (1-4) and 133.307 (j) (1) (F) places certain requirements on the Carrier when reducing the billed amount to fair and reasonable. The Carrier is required to develop and consistently apply a methodology to determine fair and reasonable reimbursement and to explain and document the method used for the calculation. The Respondent submitted their response on 12/07/02. However, it did not include their methodology.

Rule 133.307 (g) (3) (D) requires the Requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The Requestor has not submitted any

evidence to sufficiently justify that the Respondent's reimbursement was not fair and reasonable. Therefore, **no additional reimbursement** is recommended.

**Dates of Service 4/17/02, 5/06/02, 5/07/02; CPT code 97799-CP-75 Denied "DUPP" and "DUPT"**

In the Requestor's response dated 10/23/03, the Respondent indicated the above dates of service we paid as a partial payment and /or not paid. Date of service 5/06/02 was denied as "M" and "DUPP" according to the EOB dated 8/30/02 and has been addressed in the above paragraph. According to the EOB dated 5/13/02, dates of service 4/17/02 and 5/07/02 were denied reimbursement as "DUPT" and EOB dated 8/30/02, was denied as "DUPP".

Pursuant to Rule 133.307 (j) (1) (C) the Carrier is required to submit missing EOBs. The Respondent did not submit the missing EOBs in their response dated 12/07/02.

The Requestor has submitted an undated letter in their dispute packet that indicates their usual & customary charge for Chronic Pain Management is \$180.00 per unit. The Requestor is a NON-CARF accredited facility. Reimbursement is recommended with a 20% reduction due to NON-CARF. Reimbursement will be ordered at \$144.00 per unit. The Requestor billed for 6 units for each date of service (\$144.00 X 12 = \$1,728.00).

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor **is** entitled to reimbursement for the referenced CPT code(s) in the amount of **\$1,728.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby **ORDERS** the Respondent to remit **\$1,728.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24<sup>th</sup> day of July 2003.

Medical Dispute Resolution Officer  
Medical Review Division

**Supervisor, Manager or Director**  
Medical Dispute Resolution  
Medical Review Division